

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO.	FILING DATE
APPLICANT(S)		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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43		1				
44		1				
45		1				
46		1				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		2				
60		2				
61		2				
62		2				
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88		2				
89		2				
90		2				
91						
92						
93						
94						
95						
96						

TOTAL IND.	1	1	1
TOTAL DEP.	1	1	1
TOTAL CLAIMS	2	2	2

TOTAL IND.	1	1	1
TOTAL DEP.	1	1	1
TOTAL CLAIMS	2	2	2